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TENNESSEE  
ETHICS COMMISSION

October 6, 2008

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Cynthia Wyrick, Sevierville

GENERAL COUNSEL  
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EXECUTIVE DIRECTOR  
Allan F. Ramsaur, Nashville  
Email: aramsaur@tnbar.org

Mr. Bruce Androphy  
Executive Director  
Tennessee Ethics Commission  
201 4<sup>th</sup> Avenue North, Suite 1820  
Nashville, TN 37219

Dear Mr. Androphy:

Attached for filing is an In-State Consulting Disclosure for the period 7/1/08 to 9/30/08.


It remains my view that since the Tennessee Judicial Council is not a body that takes legislative action, those who serve on the Council are not subject to TCA § 2-10-122 through 2-10-129.

However, based on an informal opinion of the Attorney General and out of an abundance of caution, the Tennessee Bar Association and I are filing the attached In-State Consulting Disclosures.

As we have done with each other disclosure, we determined the amount of compensation attributable to consulting services using the conventions which we had established to determine the hourly rate of cost of our services.

Please let us know if there is anything further that is required.

Sincerely,



Allan F. Ramsaur  
Executive Director

C: George T. Lewis, President  
Bill Harbison, General Counsel  
Betty Anderson, Chair, TBA Governmental Affairs Committee  
Steve Cobb, Legislative Counsel

Tennessee Bar Center  
221 Fourth Avenue North, Suite 400  
Nashville, Tennessee 37219-2198  
(615) 383-7421 • (800) 899-6993  
FAX (615) 297-8058  
www.tba.org

# Tennessee Ethics Commission

CHECK THE APPLICABLE BOXES	
<input type="checkbox"/> Form Completed by Individual RECEIVING Fee	<input checked="" type="checkbox"/> Form Completed by Individual/Entity PAYING Fee
<input type="checkbox"/> New Disclosure Form	<input checked="" type="checkbox"/> Quarterly Update (Provide date previous Disclosure Form submitted: _____)

a. First and last name of individual receiving fee	b. Position or Title of individual
Allan F. Ramsaur	Executive Director
c. Mailing or street address (room, apt., suite no. and street, or P.O. box)	
221 Fourth Avenue North, Suite 400	
d. City, state, zip code	
Nashville, TN 37219	
e. Telephone	f. E-mail (if available)
(615) 383-7421	aramsaur@tnbar.org

a. Name of individual or entity paying fee	
Tennessee Bar Association	
b. If different from above, name of individual submitting form on behalf of entity	
Allan F. Ramsaur, Executive Director	
c. Mailing or street address of Payor (room, apt., suite no. and street, or P.O. box)	
221 Fourth Avenue North, Suite 400	
d. City, state, zip code	
Nashville, TN 37219	
e. Telephone	f. E-mail (if available)
(615) 383-7421	aramsaur@tnbar.org

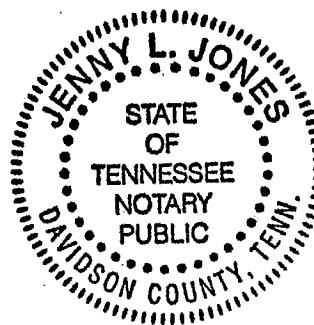
[illegible]

- I understand that, pursuant to T.C.A. §§2-10-125 & 126, submitting a Sworn Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury;
- The information contained in this Sworn Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

Date 10/6/08

Signature of Notary

Affix Notary Seal Here



## SWORN DISCLOSURE OF CONSULTING SERVICES

### Tennessee Ethics Commission

→ This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services. Please read the attached instructions before completing this form (the failure to properly and timely submit the form may constitute a Class C misdemeanor pursuant to T.C.A. §§2-10-125 & 126, subsections (d)(1) & (d)(2)).

CHECK THE APPLICABLE BOXES	
<input checked="" type="checkbox"/> Form Completed by Individual RECEIVING Fee	<input type="checkbox"/> Form Completed by Individual/Entity PAYING Fee
<input type="checkbox"/> New Disclosure Form	<input checked="" type="checkbox"/> Quarterly Update (Provide date previous Disclosure Form submitted: _____)
DISCLOSURE OF INDIVIDUAL RECEIVING FEE	
a. First and last name of individual receiving fee Allan F. Ramsaur	b. Position or Title of individual Executive Director
c. Mailing or street address (room, apt., suite no. and street, or P.O. box) 221 Fourth Avenue North, Suite 400	
d. City, state, zip code Nashville, TN 37219	
e. Telephone (615) 383-7421	f. E-mail (if available) aramsaur@tnbar.org
DISCLOSURE OF PAYOR	
a. Name of individual or entity paying fee Tennessee Bar Association	
b. If different from above, name of individual submitting form on behalf of entity Allan F. Ramsaur, Executive Director	
c. Mailing or street address of Payor (room, apt., suite no. and street, or P.O. box) 221 Fourth Avenue North, Suite 400	
d. City, state, zip code Nashville, TN 37219	
e. Telephone (615) 383-7421	f. E-mail (if available) aramsaur@tnbar.org
DISCLOSURE OF CONTRACT AND COMPENSATION	
a. Date of Contract March 1998	b. Amount of Fee \$2,337
c. Date(s) Services Rendered July 1, 2008 - September 30, 2008	
d. General Description of Services Rendered To influence legislative or administrative action.	

## AFFIDAVIT

By my signature below I attest to the following:

- I understand that, pursuant to T.C.A. §§2-10-125 & 126, submitting a Sworn Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury;
- The information contained in this Sworn Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

[Signature]  
Signature

10/6/08  
Date

Sworn to and subscribed before me this 6<sup>th</sup> day of October in Davidson county,  
Tennessee: 2008

[Signature]  
Signature of Notary

\_\_\_\_\_  
Notary Registration No.

Affix Notary Seal Here

